

Temperature Log for Vaccines (Celsius)

Month/Year: _____ Days 1–15

Completing this temperature log: Check the temperatures in both the freezer and the refrigerator compartments of your vaccine storage units at least twice each working day. Place an “X” in the box that corresponds with the temperature and record the ambient (room) temperature, the time of the temperature readings, and your initials. Once the month has ended, save each month’s completed form for 3 years, unless state or local jurisdictions require a longer time period.

If the recorded temperature is in the shaded zone: This represents an unacceptable temperature range. Follow these steps: 1. **Store the vaccine** under proper conditions as quickly as possible. 2. **Call the vaccine manufacturer(s)** to determine whether the potency of the vaccine(s) has been affected. 3. **Call the immunization program** at your local health department for further assistance: (____) _____. 4. **Document the action taken** on the reverse side of this log.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Staff Initials															
Room Temp.															
Exact Time															
°C Temp	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm
Too warm*	≥11°														
Refrigerator temperature	10°														
	9°														
	8°														
	7°														
	6°														
	5°														
	4°														
Aim for 4°	3°														
	2°														
	1°														
Too cold*	0°														
	≤1°														
	Take immediate action if temperature is in shaded section*														
Freezer temp	≥-12°														
	-13°														
	-14°														
	-15°														
	-16°														
	≤-17°														
Take immediate action if temperature is in shaded section*															

Adapted by the Immunization Action Coalition courtesy of the Michigan Department of Community Health and the California Department of Health Services.

Vaccine Storage Troubleshooting Record

Date	Time	Storage Unit Temp	Room Temp	Problem	Action Taken	Results	Initials

Temperature Log for Vaccines (Celsius)

Month/Year: _____ Days 16–31

Completing this temperature log: Check the temperatures in both the freezer and the refrigerator compartments of your vaccine storage units at least twice each working day. Place an “X” in the box that corresponds with the temperature and record the ambient (room) temperature, the time of the temperature readings, and your initials. Once the month has ended, save each month’s completed form for 3 years, unless state or local jurisdictions require a longer time period.

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Day of Month		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Staff Initials																	
Room Temp.																	
Exact Time																	
°C Temp		am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Too warm*	≥11°																
	10°																
	9°																
	8°																
	7°																
	6°																
	5°																
	4°																
	3°																
	2°																
Too cold*	1°																
	0°																
	≤1°																

Refrigerator temperature

Aim for 4°

Take immediate action if temperature is in shaded section*

Too warm*	≥-12°																
	-13°																
	-14°																
	-15°																
	-16°																
	≤-17°																

Freezer temp

Take immediate action if temperature is in shaded section*

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Vaccine Storage Troubleshooting Record

Date	Time	Storage Unit Temp	Room Temp	Problem	Action Taken	Results	Initials